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FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER					Cartificate of Mailing or Transmission			
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WASHINGTON, DC 20001-4413					(Depositor's name)			
					(Signature)			
				<u> </u>			(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/035,582	10/035,582 12/28/2001			Guy L. Steele JR.		06502.0376-00000 2893		
TITLE OF INVENTION: FI	LOATING POINT SYSTEN			T OF INTERVAL AF	RITHMET	ic		
APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE		FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300		\$1700	03/15/2006	
EXAM	ART UNIT		CLASS-SUBCLA	ASS				
MALZAHN	2193	2193 708-495000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 FINNEGAN, HENDERSON,  2 FARABOW, GARRETT &					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)		****		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app F a substitute	ear on the patent. If for filing an assignmen	an assign	ee is identified below, the d PAAA HREYENES AAAAA17	locument has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment 3/15/2006 HEYENE2 00000171 10035582  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
. ,	·	02 FC:1504 1400.00 OP						
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent): 🔲 Individu	ıal 😡 Co	orporation or other private gr	oup entity Government	
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Authorized Signature	litha A Xa	-		Da		3/14/06		
Typed or printed name	Nathan A. Slo	an		Re	gistration	No. <u>56,249</u>		
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